

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023541

Registration District No.

53

Primary Registration District No.

00850

Registrar's No.

319

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 8 1963

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

25

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri b. COUNTY Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kinder

Length of stay in 1b

25 yrs.

c. CITY
OR
TOWN

Jackson Route 2

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

5 mi S.W. Jackson

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS

5 mi SW Jackson

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
MINNIE LEE SOUTHARD

4. DATE
OF
DEATH

Month Day Year
June 21, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov 2, 1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

St James Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Givens

13b. MOTHER'S MAIDEN NAME

Annie Peetz

14. NAME OF HUSBAND OR WIFE

John C. Southard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

[redacted]

17. INFORMANT

John C. Southard Jackson Mo R²

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

3 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertension

DUE TO (c)

4 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour . Month, Day, Year

a.m.
p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1950 to 6-21-63 and last saw her alive on 4-18-63

Death occurred at 11:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C.F. McDonald, M.D.

22b. ADDRESS

Jackson, Mo.

22c. DATE SIGNED

7-2-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

June 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

Cape Girardeau Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Miller

Jackson Mo

25. DATE RECD. BY LOCAL REG.

7-6-63

26. REGISTRAR'S SIGNATURE

Drum Karter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 0160

2 0160

3

4 1

5 1

6

7 0

8 0

9 331X

10

11

12 90-0

13 10

JUL 12 1963

JUL 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: *[Signature]*

Licensed Embalmer No. 4327

P. O. Address *[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.